

**** Mail this reimbursement packet within 15 business days of working group's conclusion ****



NCEAS Reimbursement Packet

Administrative Database Update Sheet

Use _____ to assure proper calculations. Do not use Preview (Mac)

Please review and update the following information. NCEAS-related products can also be reported at <http://nceas.ucsb.edu/results>.

Name

Publications and Other Products from NCEAS Activities: B795GfYUHX dfcXi Wg fY" ["z ^ci fbU`UfhjWgZ XUhgYhZ dfYgYbHjcbgZ dcdi `Uf`dfYgg`hYa gZ Vcc_g`h UhUFY`j b`dfYdz`j b`fYj`Yk`cf`di`V`jg`YX`" B795G`Wb`Y`d`k`h`dfYgg`Yl`d`cgj`fYz`UbX`k`Y`Z`bX`nci`f`i`dXUH`g`cb`i`dV`a`j b[`k`cf`_g`j`Yfmi`gYz`"

If you need more space for products, you can email your list of products to survey@nceas.ucsb.edu.

How did you hear about NCEAS?

Contact Information

Department: _____
Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Email: _____
Telephone: _____ Fax: _____

Affiliation Information

Institution: _____
 5WXYa jW _____ Dfj`Uh`Cf`[`Ub`hUh]cb
Update type if needed YXYfU`5[`YbVh _____ Bcb!;`cj`Yfba`YbHU`Cf`[`Ub`hUh]cb
 GHUy`5[`YbVh _____ Ch.Yf

Personal Information

Country Citizenship: _____
Update, if appl. I G`7]m" Bcb! I G`7]m" 7ci blfm 5fY`Mti`U`DYfa`"FYg" cZl G3
Position: _____ Job Title: _____
Update, if appl. 5WXYa jW 5ggH`DfcZYggcf` 5ggc`WDFcZYggcf` `DfcZYggcf` `DfcZ`9a`Yf]h`g`
..... Dcgh`fUXi`UH`FYgYUFW Undergraduate StudYbh
..... 5bUng`#`YgYUFW`Yf ;`fUXi`UH`GH`XYbh
..... 5Xa`j b]gh`Urcf Ch.Yf
..... Bcb! UWXYa jW GHUZZ`GVYb]gh 5Xa`j b]gh`Urcf`#A`UbU[`Yf`
..... FYgYUFW`GVYb]gh FYgci`fW`A`UbU[`Yf`
..... Ch.Yf`

Highest Deg: _____ 8cW`A`Ughf`6UWYcf`<]` \`GW`Ch.Yf`

Societies & Memberships: (Please do not use abbreviations) _____

Please print forms, sign on page 2, and return documentation to:

B795Gz5Hb. HfUj Y`7ccfX]bUrcfZ`+`)`GHUy`GHFYhZ`Gi`jY`" \$\$Z`GubHU`6UfVUFUZ`75`-'`%\$%)`)`\$`(` 5`" bcb! I`"G`V`h`n`Ybg`a`i`gh`g`Va`j`h`XcW`a`Yb`h`j`cb`VYz`cf`YUj`j b[`B795G`"

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Meal Reimbursement Worksheet

*** List actual dollar (\$) amount paid for meals. The maximum allowed is \$55.00/day.**

*** If you pay for others' meals,** Xc' bchWUJa 'h.Y]f'a YUg'cb'h.g'k cf_g\YYH'5g_ h.Ya 'fc'fy]a Vi fgY

nci 'X]fYVhmUbX'WUJa 'h.Y]f'YI dYbgYg'cb'h.Y]f'k cf_g\YYtg'

*** If you are a UC Santa Barbara employee:** ...

- Mti 'a i gh]ghU''h.Y'k cf_]b[' fci d'dUfh]WdUbhg'k \c'UhhYbXYX'h.Y'k cf_]b[**lunch or dinner.**

! Mti 'a i gh]g Va]h'originalz]hYa]nYX'fYW]dhtz'g\ck]b['ZcX']hYa g'di fWUgYX'UbX'YI W X]b[

.....UW\c''=ZfYW]dhtg'UfY''cgz'k f]hY'hc'fUj Y'4 bWUg'i VgV''YXi 'Zc'f'U''A]gg]b['fYW]dh''Zcfa ''

.....7fYX]hWfX'fYW]dhtg'UfY'bchUb'UWWdhU'Y'dfccZcZdUna Ybh'

- You can claim only lunch and dinner expenses associated with working group meals.

Date (MM/DD/YY)	Breakfast (Not UCSB employees when in SB)	Lunch	Dinner	Total (≤\$55)
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
_____\$ _____\$ _____	...\$ _____\$ _____
TOTAL			\$	_____

Please print forms, sign, and return documentation to:
 NCEAS, Attn: Travel Coordinator, 735 State Street, Suite 300, Santa Barbara, CA 93101-5504
All non-U.S. citizens must submit documentation before leaving NCEAS.